

Accelerating Performance Excellence at RWJUH: Using the Malcolm Baldrige Approach to Improvement

Presented by:

Maureen Bueno, PhD, RN

Vice President

Clinical Outcomes and Medical Affairs

**Making New Jersey a Model for Best
Practices in Health Care, February 19, 2003**

ROBERT·WOOD·JOHNSON


UNIVERSITY HOSPITAL



- **504 acute care hospital (large expansion project recently completed)**
- **3rd highest Medicare case mix index (34% increase last 10 years)**
- **High occupancy**
- **4300 employees**
- **1403 Medical Staff and Allied Health Professionals**

Our Quality Journey

- Where we were
- Where we are
- Where we're going

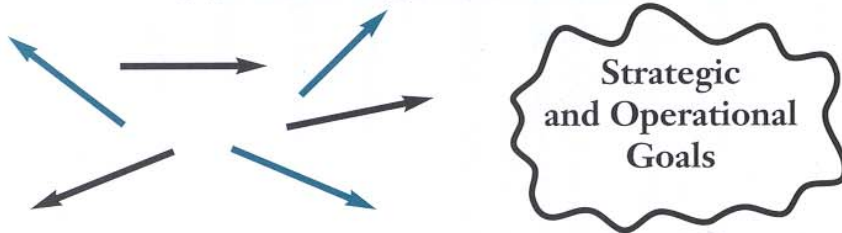


**PRONJ and
other quality
indicators**

Malcolm Baldrige

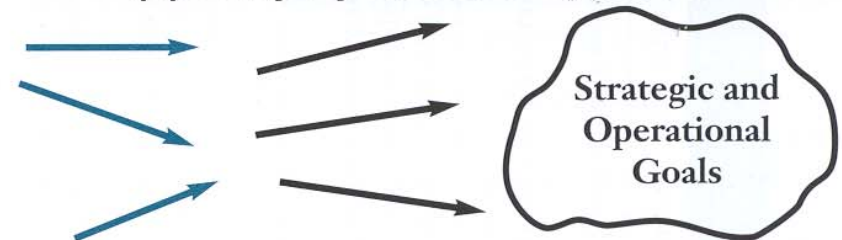
Steps Toward a Mature Process Approach An Aid for Scoring Approach-Deployment Items

(1) Reacting to Problems



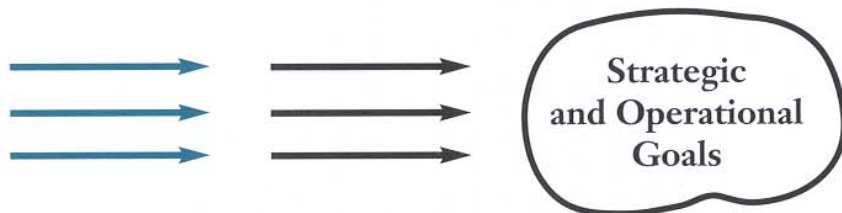
Operations are characterized by activities rather than by processes, and they are largely responsive to immediate needs or problems.

(2) Early Systematic Approach



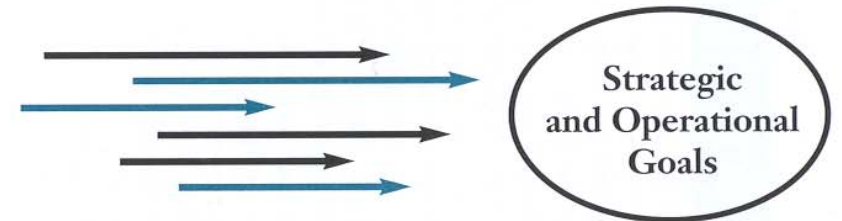
The organization is at the beginning stages of conducting operations by processes with repeatability, evaluation and improvement, and some coordination among organizational units.

(3) Aligned Approach



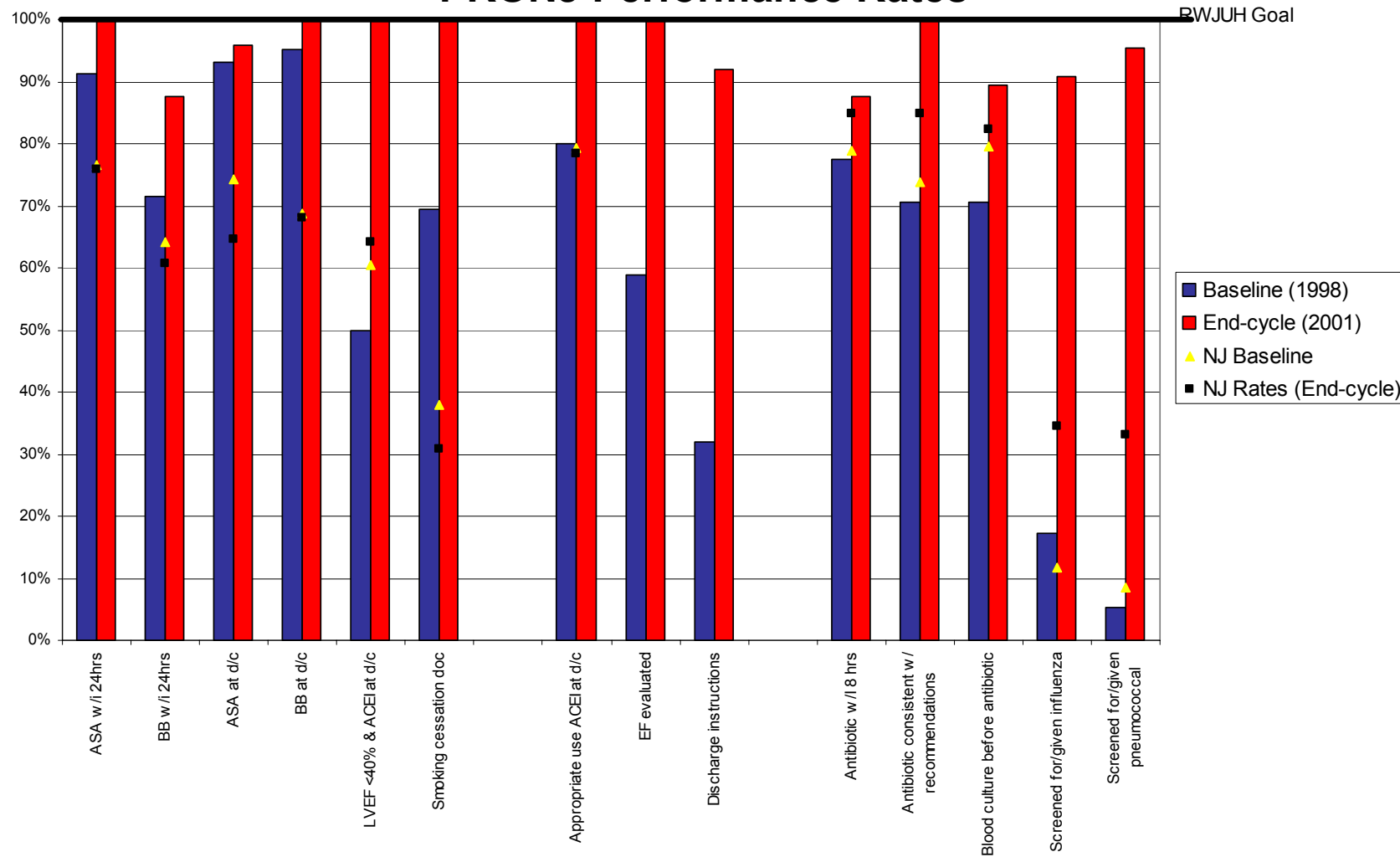
Operations are characterized by processes that are repeatable and regularly evaluated for improvement, with learnings shared and with coordination among organizational units.

(4) Integrated Approach

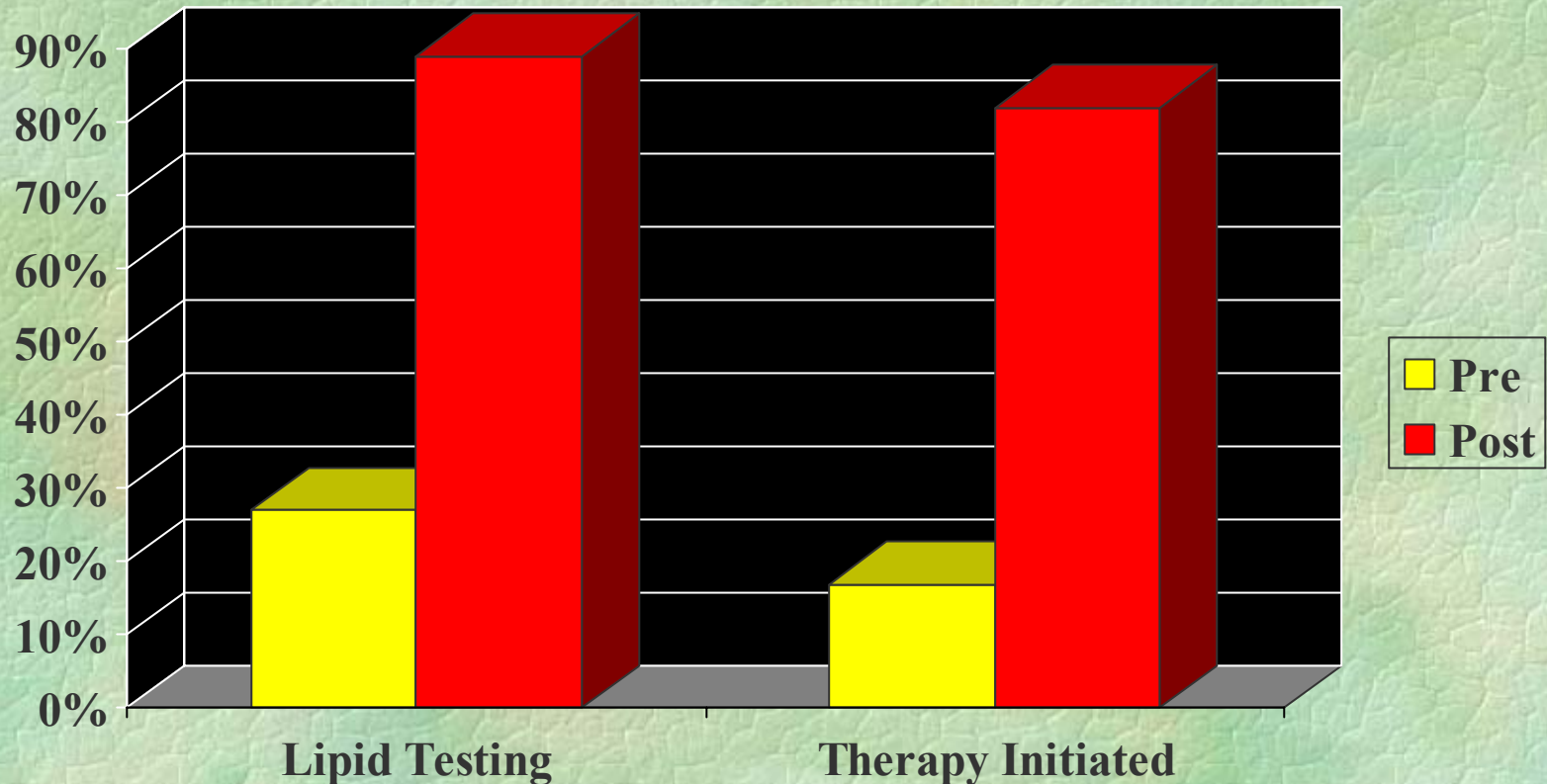


Operations are characterized by processes that are repeatable and regularly evaluated for change and improvement in collaboration with other affected units. Efficiencies across units are sought and achieved.

Robert Wood Johnson University Hospital PRONJ Performance Rates



Impact of Case Management on Lipid-Lowering Therapy in CAD

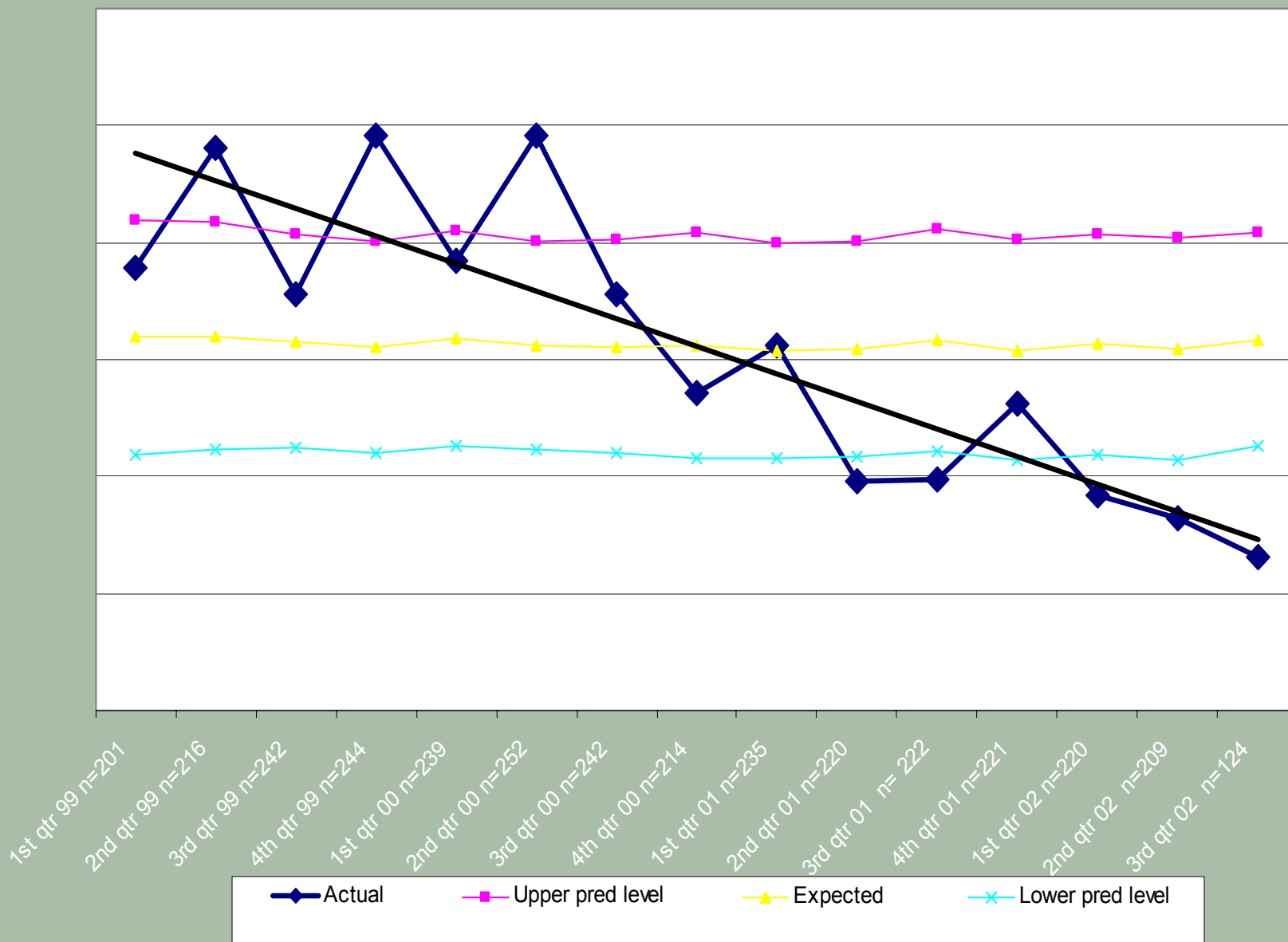


Lacy, C.R., Suh, D.C., Barone, J.A., Bueno, M., Moylan, D., Swartz, C., Kudipudi, V., Kostis, J.B., 2002, Archives of Internal Medicine

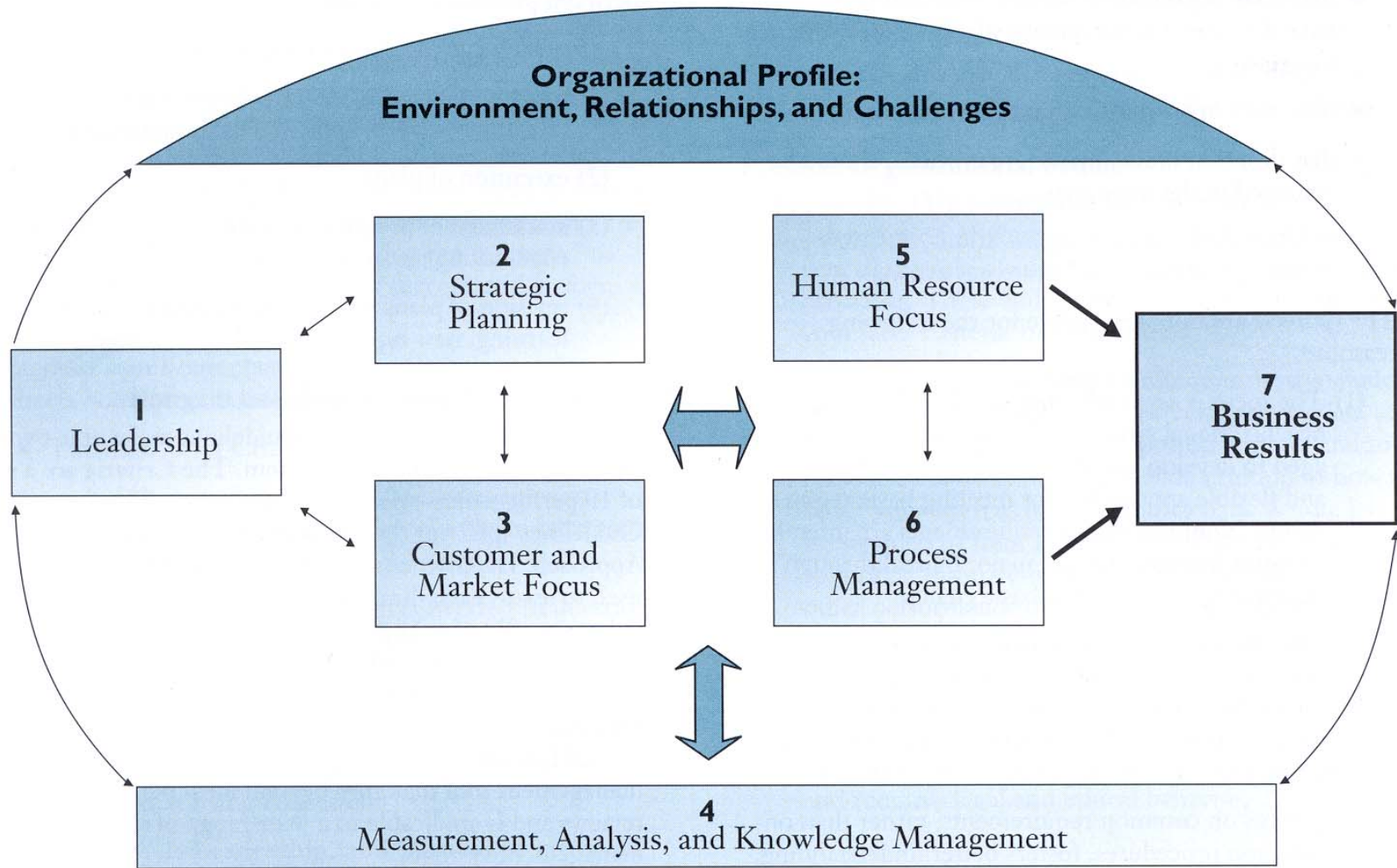
Nosocomial Infections Per 1000 Patient Days - Methicillin-Resistant *Staphylococcus aureus* - December, 2002



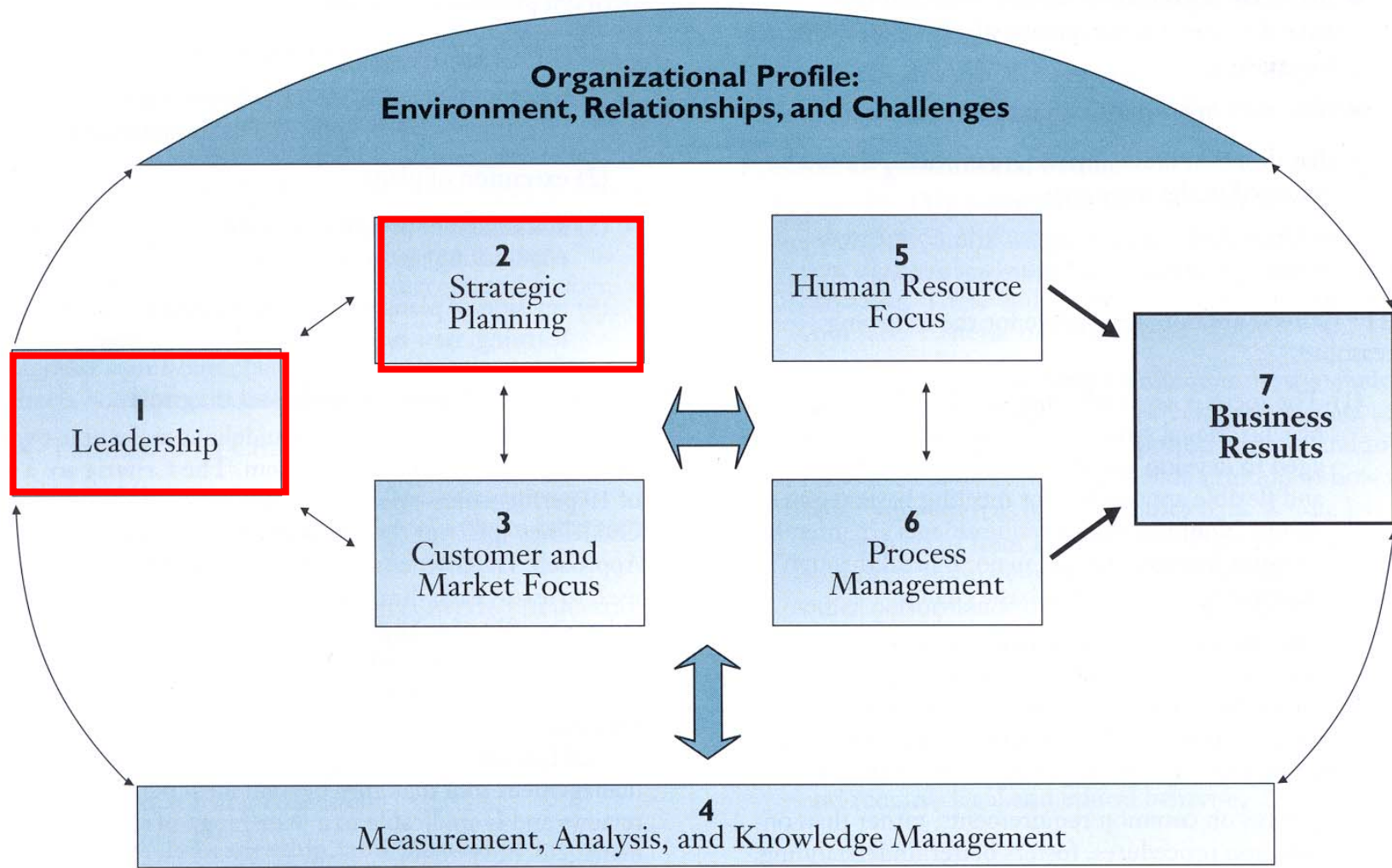
Vaginal Birth Complication Rate



Baldrige Criteria for Performance Excellence Framework: A Systems Perspective

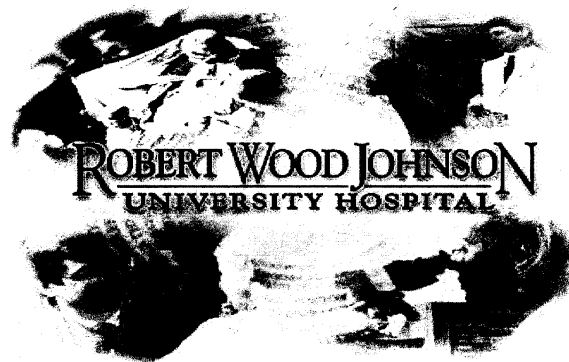


Baldrige Criteria for Performance Excellence Framework: A Systems Perspective



Clear and Measurable Goals

- **Strategic goals**
- **Organization-wide goals**
- **Department/team goals**
- **Individual goals**



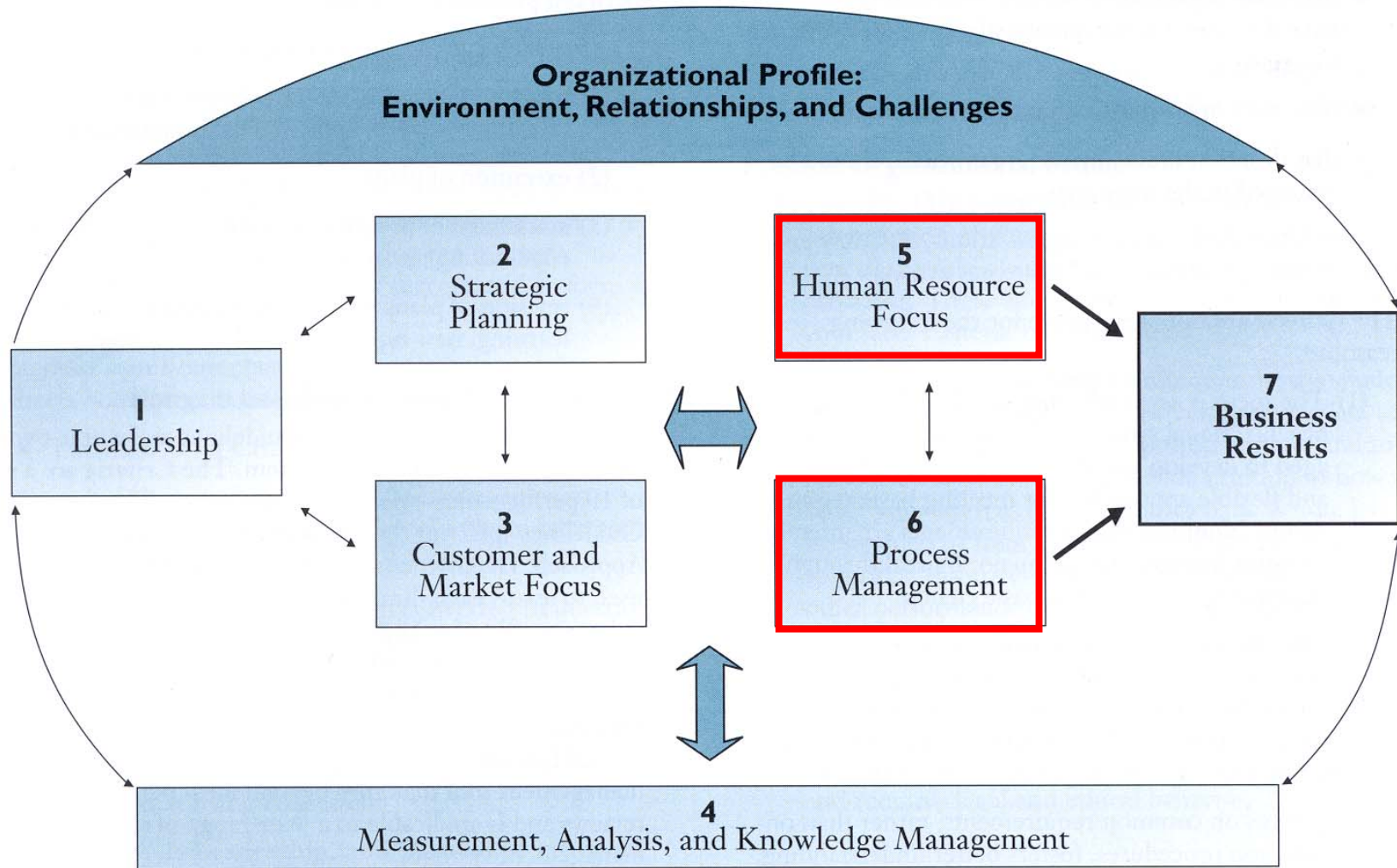
PERFORMANCE IMPROVEMENT PLAN

2000

Quality Goals

- **2000: Consistent with the HCFA (now CMS) Sixth Scope of Work, RWJUH will develop and implement performance improvement initiatives to decrease the non-compliance rate by 30%.**
- **2001: Improve performance for all national quality indicators that are part of the HCFA Sixth Scope of Work to at least 90% appropriate adherence to recommendations.**

Baldrige Criteria for Performance Excellence Framework: A Systems Perspective



Process (Who, What, Where, When, How, and Why?)

Pre-Hospital

Physician

Paramedic

Facility
Staff

ED

Physician

Nurse

Hospital

Physician

Nurse

Case
Manager

D/C Point

Nurse

Post-Hospital

Facility
Staff



Vaccines

Health History Form

RECENT IMMUNIZATIONS	Date	RECENT IMMUNIZATIONS	Date
<input type="checkbox"/> TETANUS <input type="checkbox"/> No <input type="checkbox"/> Yes		<input checked="" type="checkbox"/> PNEUMONIA VACCINE (within last 10 years) <input type="checkbox"/> No <input type="checkbox"/> Yes	
<input checked="" type="checkbox"/> INFLUENZA (Administered 10/1 - 2/1 annually) <input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Other:	

DO YOU HAVE ANY ALLERGIES ☐ NO ☐ YES (If YES, explain reaction below)

<input type="checkbox"/> FOOD:	Reaction:	<input type="checkbox"/> DYES / CONTRAST MEDIA:	Reaction:
<input type="checkbox"/> MEDICATIONS:	Reaction:	<input type="checkbox"/> BLOOD TRANSFUSION:	Reaction:
<input type="checkbox"/> LATEX (Rubber):	Reaction:	<input type="checkbox"/> OTHER:	Reaction:

CURRENT MEDICATIONS: <input type="checkbox"/> NONE (include vitamins/herbs and over the counter medication)									
DRUG NAME	DOSE	ROUTE	FREQ	LAST DOSE	DRUG NAME	DOSE	ROUTE	FREQ	LAST DOSE

How do you pay for your medication? ☐ Insurance ☐ Self-pay ☒ More information requested

Do you think that any of your medications are not effective? ☐ No ☐ Yes

Please explain: _____

Nursing Documentation of Vaccines on Admission

10/31/02

04:02AM INFLUENZA VACCINE

ADMINISTRATION: ADMINISTERED ON 10/2002

04:02AM PNEUMOCOCCAL VACCINE

ADMINISTRATION WITHIN THE LAST 10 YEARS:
ADMINISTERED IN 2001

Nurses Automated Kardex

M 89

MR#: ACCT#: 8T 834T01
SERV: ADM:
MD:

PATIENT CARE SUMMARY

DX: SEPSIS/RULE OUT PERITONITIS

=====

SUMMARY: 11/20/2002 07:05 AM TO 03:05 PM

PATIENT INFORMATION:

08/07/2000 ALLERGY: --LOPRESSOR, PER PATIENT
08/07/2000 ALLERGY: --PHOSCAN, PER PATIENT
08/07/2000 ALLERGY: --CIPRO, PER PATIENT
08/07/2000 ALLERGY: --MACRODANTIN, PER PATIENT
08/07/2000 ALLERGY: --VASOTEC, PER PATIENT
08/07/2000 ALLERGY: --IVP DYE, PER PATIENT
08/07/2000 ALLERGY: --CLONIDINE, PER PATIENT
08/07/2000 ALLERGY: --NYACIN, PER PATIENT
08/07/2000 ALLERGY: --PREDNISONE, PER PATIENT
10/30/2002 ADMIT DX: SEPSIS/RULE OUT PERITONITIS
10/31/2002 INFLUENZA VACCINE ADMINISTRATION: ADMINISTERED ON
10/2002
10/31/2002 PNEUMOCOCCAL VACCINE ADMINISTRATION WITHIN THE LAST
10 YEARS: ADMINISTERED IN 2001
11/16/2002 WEIGHT, DAY 67.8KG

Hospital and Nursing Home Patient Transfer Form/Discharge Summary

Patient Name:	Medical Record #	Transfer From:
Address:		Nursing Unit
Medicare#:	Medicaid #:	Physician Name :
Home Phone:	Sex: M F DOB: Religion:	Admit Date: Discharge Date:
Emergency Contact:		Transferred to: Town:
Address		<input type="checkbox"/> Acute Care Hospital <input type="checkbox"/> Acute Rehabilitation <input type="checkbox"/> Sub-Acute <input type="checkbox"/> Skilled Care <input type="checkbox"/> Long Term Care <input type="checkbox"/> Psychiatric Facility <input type="checkbox"/> Assisted Living <input type="checkbox"/> Inpatient hospice
Home Phone	Business:	
DISCHARGE DIAGNOSIS:		PPD Status: <input type="checkbox"/> Unknown <input type="checkbox"/> Positive <input type="checkbox"/> Negative Immunization Status: <input type="checkbox"/> Influenza: Date Given: _____ <input type="checkbox"/> Pneumoccal Date Given: _____ Tetanus Toxoid: <input type="checkbox"/> N/A <input type="checkbox"/> Date Given: _____

STANDING ORDERS INFLUENZA/ PNEUMOCOCCAL VACCINES

Considering Standing Orders

Influenza and pneumococcal vaccinations can be given together.

Influenza Vaccination – Effective annually from October 1 through February 1

☐

Administer Influenza vaccine 0.5 ml IM:

check one

☐

Now (encouraged if medical condition permits)

or

☐

On discharge (for acutely infected patients)

☐

Do not administer influenza vaccine because of the following contraindication(s): (check all that apply)

☐

Previous receipt of influenza vaccination

this season – Date: _____

☐

Hypersensitivity to any compound of the vaccine

☐

Previous serious reaction to influenza vaccine

☐

Allergy to eggs

☐

History of Guillain-Barre

☐

Allergic to thimerosal

☐

Other _____

Nurse to chart contraindications related to hypersensitivity, previous serious reaction, allergy to eggs, and history of Guillain-Barre in the Clinical Information System.

Signature of Ordering Practitioner: _____ Date/Time: _____

Order Verified by: _____ Date/Time: _____

NSGOF-0580

ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL

12/31/2002 10:03 AM

(QPVA\$N)

PAGE 001

PT VACCINE INFO DOCUMENTATION-12/31/2002

PATIENT NAME AGE MR # ROOM # ADM DATE

DOCUMENTED VACCINE INFORMATION

=====

12/01/02 [REDACTED] **76** [REDACTED] **12/01/02**
INFLUENZA VACCINE ADMINISTRATION: ADMINISTERED ON
10/2002

12/02/02 08:43 AM: DO NOT ADMINISTER PNEUMOCOCCAL POLYSACCHARIDE
VACCINE (PPV)....DUE TO --PT CONDITION, (12/02/02 08:43AM), (2817)

[REDACTED] **80** [REDACTED] **12/05/02**
08/12/02 05:06 AM: PNEUMOCOCCAL VACCINE ADMINISTRATION WITHIN THE LAST
10 YEARS: ADMINISTERED IN 2001
12/16/02 11:45 AM: INFLUENZA VACCINE ADMINISTRATION: NO....MD ORDER
SHEET PLACED ON CHART: YES

[REDACTED] **73** [REDACTED] **12/20/02**
12/23/02 09:01 AM: INFLUENZA VACCINE ADMINISTRATION: ADMINISTERED ON
11/2002
12/23/02 09:00 AM: PNEUMOCOCCAL VACCINE TO BE GIVEN ON DISCHARGE



Case Manager Documentation

11/05/02

11:28AM --INFULENZA 10/02, PPV 2001;
%8T% ON* 10/31/2002* (DRGA)

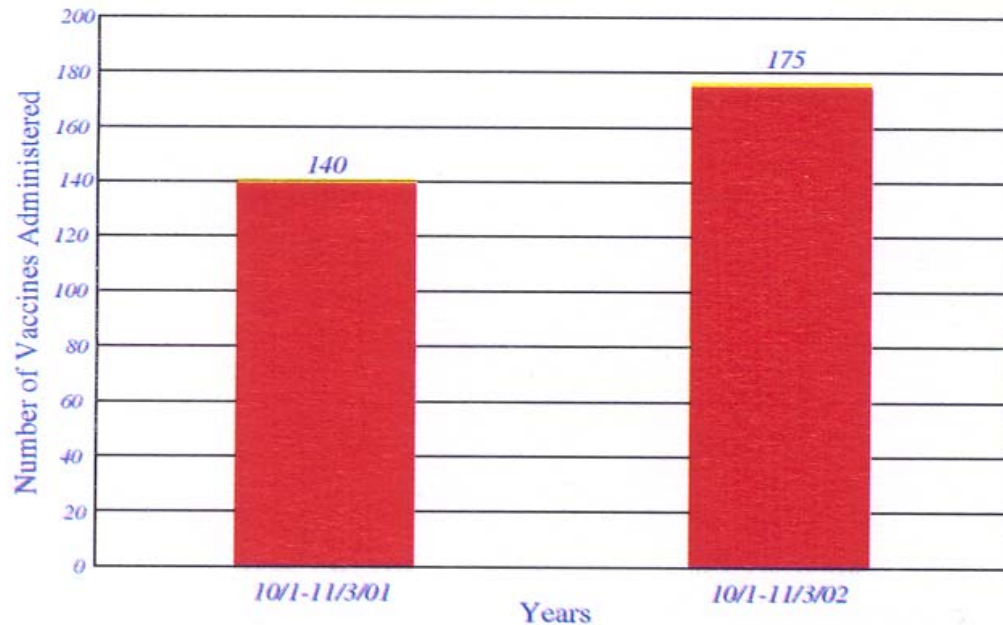
11:42AM --PT W ESRD ON PD W RECENT HX
NEG UF'S AND NEED FOR CHANGE TO HD.,
ASSOC W BS'S>700 AND T TO 102- HAD
START OF SEPSIS WU AS OUTPT, STD ON IV
VANCO AFTER CX'S DONE. PT NOW ADM'D W
C/O FEVER TO 102 ASSOC W BILAT LQ PAIN-
PLAN R/O COLITIS VS PERITONITIS VS
VIRAL ETIOL. ENDO CONS. CON'T COUMADIN
FOR HX AFIB; OTHER HX (DRGA)



Influenza Vaccine Campaign

October 1, 2002 - February 1, 2003

Number of Influenza Vaccines Administered to Patients 65 and Older



- More vaccine given in 2002 compared to 2001
- Campaign continues until February 1, 2003
- It is not too late to order vaccines
- Pneumococcal vaccine initiative in place all year

Thanks to everyone's efforts, RWJUH has given more flu vaccines to our patients (65 years and older) this flu season as compared to the number given last year.

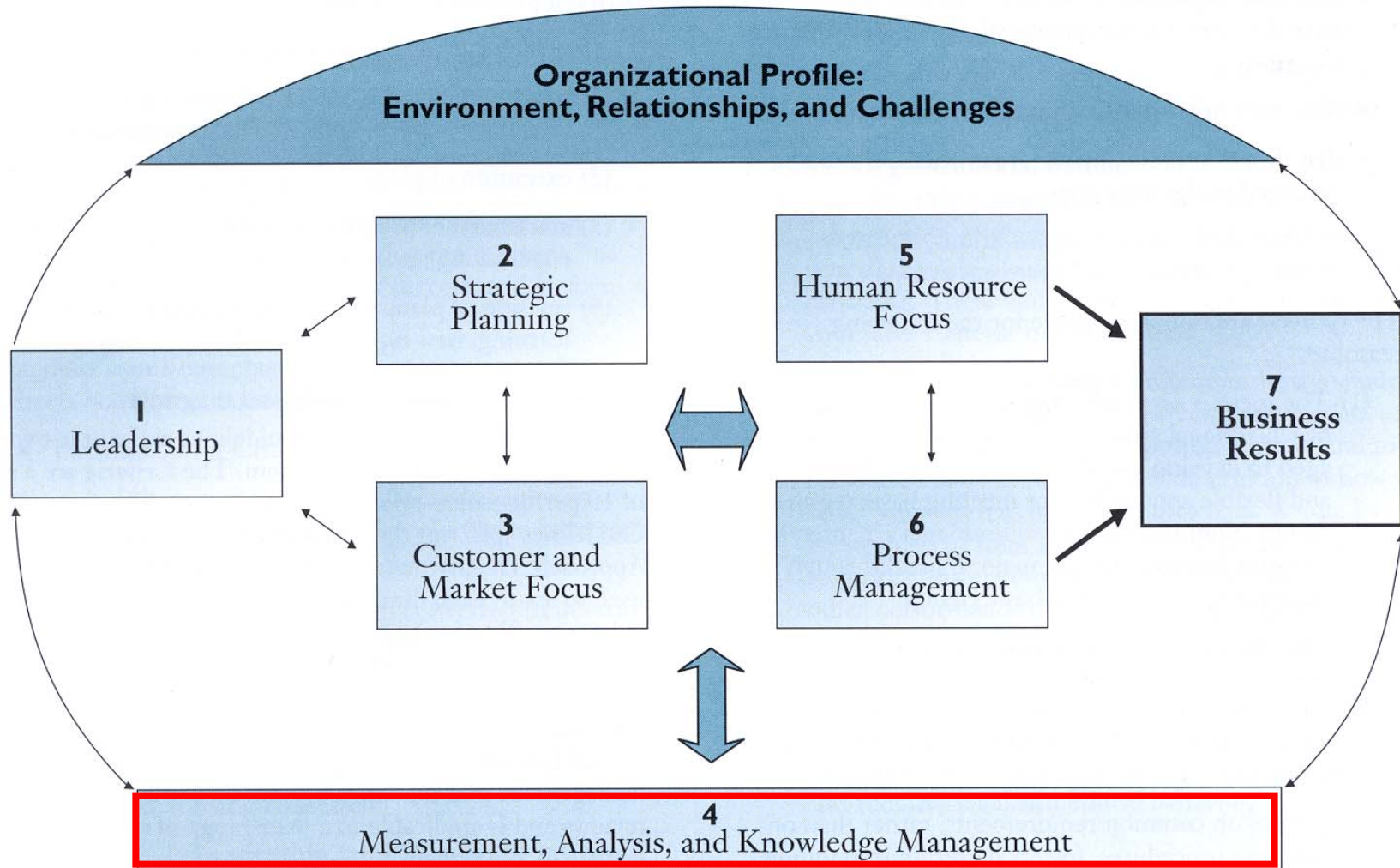
Thank you for your support.



Sincerely,

*RWJUH Infection Control and Performance
Improvement Departments*

Baldrige Criteria for Performance Excellence Framework: A Systems Perspective





Accountability is Key!

Where We're Going!

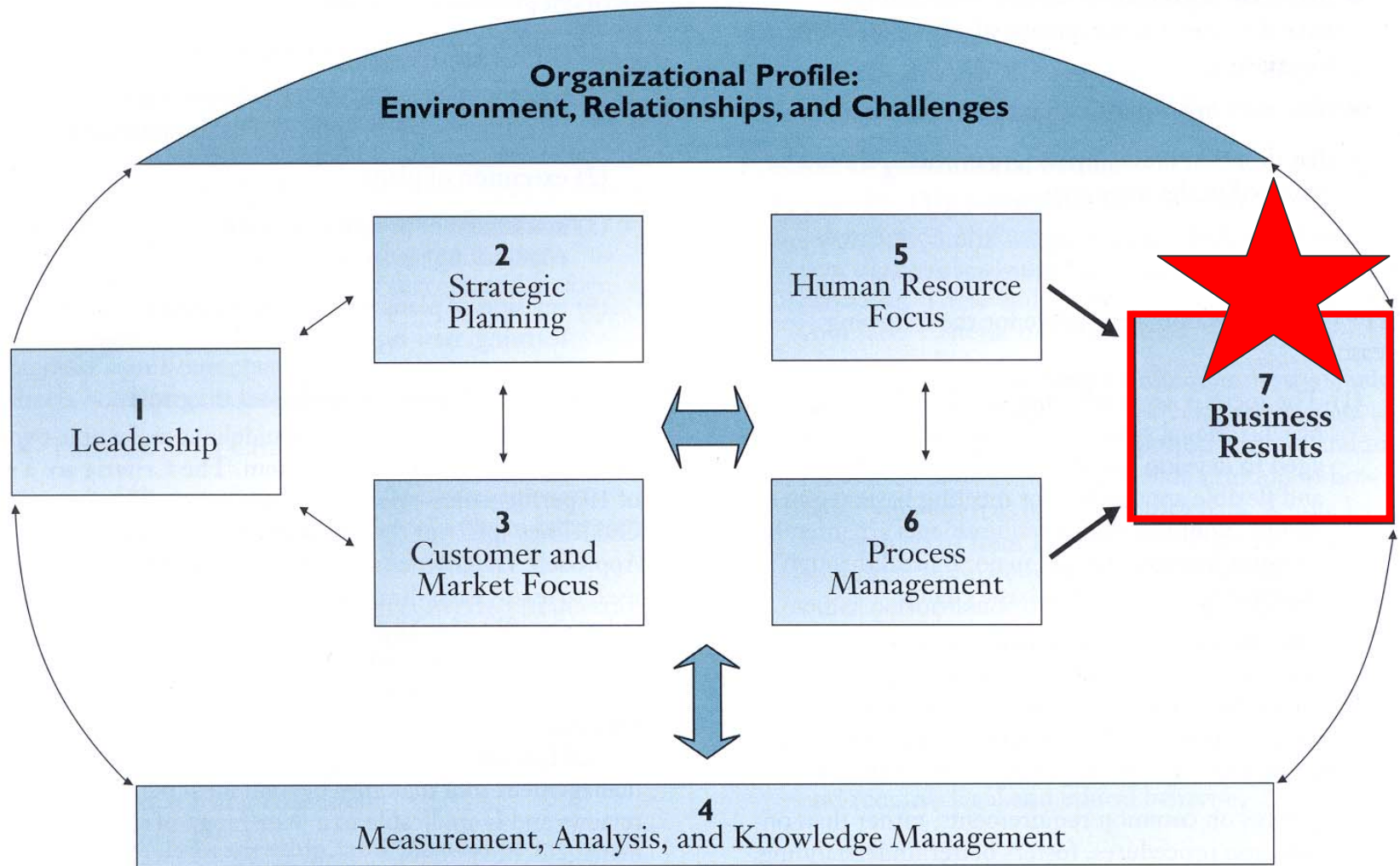
- IT
- IT
- IT

***... SPEED INFORMATION
TECHNOLOGY ADOPTION!!!***

Where we're going!

- **Knowledge-based alerts across patient visits**
 - **New-onset atrial fibrillation recognized and sends alert to practitioner to consider thyroid testing and echocardiogram**
 - **Measures of ejection fraction in the past automatically pulled into the electronic record of a new episode**

Baldrige Criteria for Performance Excellence Framework: A Systems Perspective



Thank
You!